

B6E (Official Form 6E) (04/10)

In re **Michael Cortellesa**  
**Erin Cortellesa**

Case No. **2012-13254**  
(If Known)

**AMENDED 7/10/2012**

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **Michael Cortellessa**  
**Erin Cortellessa**

Case No. **2012-13254**  
(If Known)

**AMENDED 7/10/2012**  
**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

<b>TYPE OF PRIORITY</b>	<b>Taxes and Certain Other Debts Owed to Governmental Units</b>
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>xxx4518</b> <b>Berkheimer Tax Admin</b> <b>Hab-Del</b> <b>PO Box 995</b> <b>Bangor, PA 18013</b>	<b>W</b>	DATE INCURRED: <b>2008</b> CONSIDERATION: <b>Local Tax</b> REMARKS:		<b>X</b>	<b>\$335.51</b>	<b>\$335.51</b>	<b>\$0.00</b>
ACCT #: <b>Berkheimer Tax Admin</b> <b>Hab-Del</b> <b>PO Box 995</b> <b>Bangor, PA 18013</b>	<b>H</b>	DATE INCURRED: <b>2011</b> CONSIDERATION: <b>Local Tax</b> REMARKS:		<b>X</b>	<b>\$486.00</b>	<b>\$486.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					<b>\$821.51</b>	<b>\$821.51</b>	<b>\$0.00</b>
					<b>\$821.51</b>		
						<b>\$821.51</b>	<b>\$0.00</b>



B6F (Official Form 6F) (12/07)

In re **Michael Cortellessa**  
**Erin Cortellessa**Case No. **2012-13254**  
(if known)

AMENDED 7/10/2012

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Eastern Pennsylvania Infectious Disease</b> <b>211 S Route 100</b> <b>Allentown, PA18106-9212</b>	<b>W</b>	DATE INCURRED: <b>8/01/11</b> CONSIDERATION: <b>Medical Bill</b> REMARKS:			<b>X</b>	<b>\$140.00</b>
ACCT #: <b>Jane Tate</b> <b>474 Walker Road</b> <b>Wayne, PA 19087</b>	<b>W</b>	DATE INCURRED: <b>2010</b> CONSIDERATION: <b>Personal Loan</b> REMARKS: <b>See Checks # 2572, 2538,2453, Direct Deposit - \$9,000.00</b>			<b>X</b>	<b>\$12,933.75</b>
		<b>Total - \$13,600.00</b>				
ACCT #: <b>x2255</b> <b>JP Mascaro</b> <b>PO Box 7310</b> <b>Audubon, PA 19407-7310</b>	<b>W</b>	DATE INCURRED: <b>05/31/12</b> CONSIDERATION: <b>Trash - Township Service</b> REMARKS:			<b>X</b>	<b>\$900.45</b>
ACCT #: <b>xxxx9983</b> <b>Montgomery Hospital Medical Center</b> <b>PO Box 827778</b> <b>Philadelphia, PA 19182</b>	<b>W</b>	DATE INCURRED: <b>04/20/12</b> CONSIDERATION: <b>Medical Bills</b> REMARKS:			<b>X</b>	<b>\$325.00</b>
ACCT #: <b>xxxx2308</b> <b>Phoenixville Emergency Care Spec.</b> <b>B &amp; B Collections, Inc.</b> <b>PO Box 2137</b> <b>Toms River, NJ 08754-2137</b>	<b>W</b>	DATE INCURRED: <b>07/27/11</b> CONSIDERATION: <b>Medical Bills</b> REMARKS:			<b>X</b>	<b>\$523.00</b>
<b>Subtotal &gt;</b>						<b>\$14,822.20</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Cortellesa**  
**Erin Cortellesa**

Case No. **2012-13254**  
(if known)

**AMENDED 7/10/2012**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx4222</b> <b>Phoenixville Hospital</b> <b>PO Box 504060</b> <b>St. Louis, MO 63150-0001</b>	<b>W</b>	DATE INCURRED: <b>07/28/11</b> CONSIDERATION: <b>Medical Services</b> REMARKS:			<b>X</b>	<b>\$755.33</b>
ACCT #: <b>xx4075</b> <b>PMA Medical Specialists LLC</b> <b>PO Box 525</b> <b>Phoenixville, PA 19460-0525</b>	<b>W</b>	DATE INCURRED: <b>07/28/11</b> CONSIDERATION: <b>Medical Bill</b> REMARKS:			<b>X</b>	<b>\$598.36</b>
ACCT #: <b>xxxxx7036</b> <b>Society Hill Anesthesia Consultants PA</b> <b>PO Box 414853</b> <b>Boston, MA 02241-4853</b>	<b>W</b>	DATE INCURRED: <b>07/31/11</b> CONSIDERATION: <b>Medical Bills</b> REMARKS:			<b>X</b>	<b>\$179.56</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$1,533.25</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b> <b>\$16,355.45</b>